



**Terry Tamminen**  
Secretary for  
Environmental  
Protection

# State Water Resources Control Board

## Division of Water Quality

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**Arnold Schwarzenegger**  
Governor

### CERTIFICATE IN SUPPORT OF EXPERIENCE

(Rev. 05/04)

The information on this form is used to determine experience qualifications of applicants for tank tester licensure and is requested pursuant to Health and Safety Code Section 25284.4 and California Code of Regulations Section 2761. The “declarant” section must be completed by the person who has direct knowledge of the applicant’s experience. Each declarant must use a separate form. This form may be photocopied.

THIS SECTION TO BE COMPLETED BY APPLICANT	
1. Name of Applicant (last name first)	
2. Residence Address	
3. Business Address	
4. Applicant’s Telephone Number and Email Address	
Residence (     )	Business (     )
Fax (     )	Email:

To the declarant:

The declarant is the person who certifies or attests to the applicant’s experience. The information given is important to the applicant because it may help him/her qualify for a California tank tester license. It is also important to the Office of Tank Tester Licensing (OTTL) which uses the information to determine if the applicant meets the experience requirements for a state license.

Please complete the form and return it to the applicant. Do not mail it to OTTL unless you are mailing the complete application for the applicant. Incomplete or inaccurate forms may be returned and may prevent or delay the applicant from qualifying for licensure. An OTTL representative may contact you by telephone or letter to verify your statements or to get additional information. The applicant may have several declarants. You may be certifying only part of the experience required.

<b>THIS SECTION TO BE COMPLETE BY DECLARANT</b>	
5. Name and Address of Declarant	
6. Declarant's Telephone Numbers and Email address  Residence (      )                      Business (      )  Fax (      )                      Email:	
7. Declarant's Relationship to Applicant (Check all that apply)  Employer      Former Employer      Coworker      Local Agency  Supervisor      Former Supervisor      Former Coworker      Equipment Manufacturer  Tank Owner      Other Operator      (Explain) _____	
8. Declarant has personally known applicant for how long?  _____ Months      _____ Years	
9. Describe in detail the employment duties of the applicant during the period that you are declaring. Indicate the number of tanks tested, the type of equipment used, etc. in the following boxes:	
Applicant's position title:	Total work hours accumulated:
Exact dates of employment (Month, Day, Year)  From:                                      To:	

Description of duties (If more space is needed, attach a separate sheet of paper.)

Additional Comments:

The undersigned hereby declares under penalty of perjury, under the laws of the State of California, that all statements contained herein are true and correct.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

The Chief of the Division of Water Quality, State Water Resources Control Board is responsible for maintaining the information on this form. The Division's address and telephone number are: P.O. Box 2231, Sacramento, California, 95812, (916) 341-5864. The authority for maintaining the requested information is Chapter 6.7, Section 25284.4 of the Health and Safety Code. The information will be used to evaluate the applicant's eligibility for examination as an Underground Storage Tank Tester and may be transferred to other governmental agencies. Individuals have the right to review the records maintained on them by an agency, unless the records are exempted by Section 1798.40 of the Civil Code.